A RECORD OF RETIREMENT BENEFITS AND ENTITLEMENTS

for_____

Approved For Release 2001/08/02 : CIA-RDP82-00357R000700150006-7

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This booklet has been prepared solely for your use and reference. It contains a presentation of the specific benefits and entitlements resulting from your retirement from the Federal Service as well as other information that will be of lasting interest to you. We suggest you keep this booklet with your other important papers.

ANNUITY AND CREDITABLE SERVICE

Your retirement date is			Based or
that date and other factors known at the your creditable service and annuity has	nis time, the follo been prepared:	wing infor	mation or
Creditable Service:	yrs.	÷	mos.
*Credit for Projected Sick Leave:		→ hrs.	•
TOTAL:	yrs.	-	mos.
High-Three Average Salary:	\$		
Basic Annuity:	\$	\$	p/n
Reduced Annuity to Provide for Survivor Annuity:	\$	\$	p/m
Survivor Annuity for Spouse:	\$		
			-
The above estimate includes a reduction You are claiming military service for		ount due.	
	And the state of t	:	-

This (is) '(is not) verified by official records confirming such service. It (is) (is not) necessary for you to furnish copies of your discharge papers verifying active duty.

INSURANCES

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FEGLI

You are currently carrying \$________ of regular coverage. You (may) (may not) carry this coverage into retirement (counselor will explain if you may not). Upon retirement this amount, minus Accidental Death and Dismemberment Benefits, is premium free until age sixty-five. At that age, your coverage will begin to be reduced 2% per month until \$______ (¼ of your coverage at retirement) and will remain at that amount, premium free, for the remainder of your life.

You (are) (are not) carrying the OPTIONAL increment of FEGLI insurance (\$10,000) at this time. You (may) (may not) carry the additional insurance into retirement. If you may, the premium will be deducted from your annuity payments. The premium for this insurance increases with age as shown by the figures for the ages shown (which are effective as of the date of the publication of this booklet).

Age	Monthly Premium
50	
55	
60	30.33

You must pay for this insurance until age sixty-five when it becomes premium-free. It will then be reduced 2% per month until a reduced coverage of \$2,500 is reached. That amount will remain unchanged and premium-free for the rest of your life.

You have design	gnated the	following as	beneficiary	under your	FEGLI	polic	υy:
	andres a secular service control difference or polytocological control						

There is no Form 54, Designation of Beneficiary, on file. In the absence of such designation, this legal order of precedence will apply:

- 1. To the widow or widower.
- 2. If neither of the above, to the child or children, with the share of any deceased child distributed among the descendants of that child.
- 3. If none of the above, to the parents or the survivor of them.
- 4. If none of the above, to the executor or administrator of the estate.
- 5. If none of the above, to the other next of kin who are entitled under the laws of the domicile of the insured at the date of his death.

Hospitalization Insurance

You are currently carrying the	
under the Health Benefits program. You (are) (are not) eligible to r	etain the
hospitalization coverage as a retirce. If cligible to continue with the	coverage,
the monthly premium will be withheld from your annuity check. At	the time
of your retirement this monthly premium will be \$., but it
is possible that it may be changed in future years.	

All claims for reimbursement under your Hospitalization Insurance should be sent to the address on the reverse side of your Hospitalization Identification card.

UBLIC

You are currently carrying \$	ou may not, you	r counselor
sixty at the rate of monthly premium applicable to make payments in this manner:	your age group	. <mark>You</mark> may
At age sixty, your UBLIC coverage will be reduced	Lto \$	and

further re	for dependent duced to \$ of your life.	s will cease.	At age sev	enty, you ill be pre	coverage	will be
SPEC	IAL NOTE fo	or Persons Reti	ring on Pl	nysical Dis	ability	
Em	ployees who re	tire because of	disability o	ean continu	e their UB	LIC
ten ye	ears prior to ret	ement even the irement. In suc	ough they hacase c	may not n redit is giv	ave had it	tor
		g years betwe				

necessary to complete your ten years of UBLIC coverage at age sixty. Your counselor will arrange an appointment for you to discuss your situation with a representative of the Insurance Branch in the event

you have not had UBLIC coverage for ten years.

You have designated the following as beneficiary under your UBLIC policy:

WAEPA

You are currently carrying \$______ of this insurance. You (may) (may not) continue this policy after retirement. (If not, your counselor will explain why.) After retirement you (may) (may not) carry the standard \$5,000.00 at a cost of \$150.00 a year. Coverage for your dependents will cease upon retirement.

SPECIAL NOTE for Persons Retiring on Physical Disability

You will be eligible to continue \$10,000.00 coverage after retirement at a cost of \$150.00 per year until you reach age sixty-five. At that time:

- Your coverage under WAEPA will cease because you did not have it for fifteen years prior to retirement.
- Your coverage may continue at \$5,000.00 at a cost of \$150.00 a year.

You will	make your payments for this insurance	e in this manne	er:
You	nave designated the following as benefic	ziary under your	· WAEPA
Privilege	of Conversion		S. Distance
A p	of Conversion erson who is retiring has the privilege EPA to a commercial policy. There a might be considered:	e of converting are two situatio	FEGLI,
A p and WA privilego	erson who is retiring has the privilege EPA to a commercial policy. There a	re two situatio	ns in wh
A p and WA privilego seril obta	erson who is retiring has the privilege EPA to a commercial policy. There a might be considered: (a) A person is not eligible to carry to ed above) of these insurances into re	the standard co etirement, and tomatic reduction	ns in whoverages (so wishes

TAXES

Over the years you have been contributing to your retirement annuity and the Government has been making matching contributions. Since the amount you paid has been included in your income in prior years, you have already paid income taxes on it. Your annuity payments will be tax free, therefore, until you have recovered the amount you have paid or contributed. After that, your annuity will be subject to Federal income tax. Whether or not it will be subject to State tax will depend on the laws of the State in which you reside as a retired person.

Shortly after you retire you will receive a statement which will show the total contribution you had made during your Federal employment. This, of course, will be the amount you will receive tax free by way of annuity payments.

You may make arrangements to have your Federal income tax deducted from your monthly annuity check. Whether or not you intend to have such deductions made, a statement of your total annuity payment each year will be sent to the Internal Revenue Service. You will receive a copy of this report. Such deductions may not be made for state income taxes.

You are reminded that it is incumbent upon you to report your annuity income on your Federal income tax from every year, even during the period when your annuity payments are free from Federal income tax.

If you elect a survivor annuity, the value of that annuity must (1) be reported to the Internal Revenue Service for purposes of Federal Gift Tax and (2) must be included in your estate for the purpose of the Federal Estate Tax.

UNUSED ANNUAL LEAVE

When you retire, you will be paid a lump sum for your unused annual leave. A mandatory withholding of 20% Federal tax will be made from this amount, and State tax will be withheld also.

INVESTMENT PLAN

	You are NOT a participant in the Plan.	1	į T
	You are a participant and the following options were	explaine	ed to you:
	1. Withdrawal of your investment in cash in a lump	sum am	ount.
	2. Open an individual account in your own name.		
	3. Remain in the Plan (but not contributing) up und when you will choose either 1 or 2 above.	til age si	ty-six
The op No. 3,	ation you chose for your retirement was No ab give the Plan Officer your correspondence address.)	ove. (If	you chose
Yo in the	u are to use this address when corresponding in regard Plan:	to your i	nvestment
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CREDIT UNION

You may continue your membership in the Credit Union. If you are not a member you may initiate membership upon or after retirement. Members may purchase shares and participate in the distribution of dividends and, subject to certain limitations, may borrow under the same conditions applicable to employees. Retired members must maintain a minimum share balance of one hundred dollars.

You should contact the Credit Union before you retire to give them your correspondence address in retirement and to obtain the address you will use when corresponding with the Credit Union. Record that latter address here for your records.

Address:	
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RETIREMENT RELOCATION BENEFIT

You (are) (are not) eligible for relocation at government expense from your last post of assignment to a retirement site anywhere in the United States or its possessions. This benefit includes travel of yourself and family, movement of household effects and storage (for three months) of such effects for a time for you to get settled. This benefit should be exercised within twelve (12) months of your retirement. There are many technicalities involved in such relocations; so if you plan to relocate you should call the Central Processing Branch on extension 6891 for an appointment to discuss your intended move with a representative of the Travel Section. Your Personnel Officer should be informed of your intent to relocate so that an appropriate travel order can be issued; you must have a travel order to authorize your travel and shipment of effects.

ADDRESS FOR RETIREMENT MATTERS

The address for you to use when corresponding on matters relating to your annuity, FEGLI insurance, Hospitalization insurance, deductions from annuity, tax (W-2) statements, etc. is:

ADDRESS FOR CONTACTING THE ORGANIZATION

The address for you to use when you wish to correspond with the Organization is:

HOSPITALIZATION AND MEDICAL INSURANCE BENEFITS AFTER RETIREMENT

This supplement to your booklet on retirement benefits furnishes information on hospitalization and medical insurance benefits after you retire. Part I will be of interest if you are eligible to retain your FEHB hospitalization insurance upon retirement. Your retirement counselor will have told you whether or not you are eligible to continue this insurance when you retire and has made an appropriate entry on page 5 of this booklet. If you are ineligible to carry this insurance into retirement, an explanation is recorded on page 8 of this booklet. Part II pertains to Medicaid and private policies. Part II pertains to benefits from the military services.

PART I

HEALTH INSURANCE AFTER RETIREMENT

When you retire you will most likely elect to retain your hospitalization insurance under the Federal Employees Health Benefits Program (FEHB) which will continue at the same cost and with the same benefits as available to employees. You should be aware, however, that when you attain 65 you will be eligible for at least some of Medicare benefits. Under Medicare, Hospital Insurance is available only for retirees who are fully insured for Social Security but Medical Insurance is available to everyone at age 65 who applies for it and pays the monthly premium. You will want to compare the benefits from Medicare with those of your FEHB policy because there will become overlapping of benefits. What to do with your FEHB at that time is a decision for you to make with full consideration of your particular needs.

To make that decision will necessitate your knowing what Medicare will cover and what your FEHB will cover. There is little to be gained now in any

examination of Medicare benefits because they will undoubtedly be changed by the time you are age 65. You should however: at age 64 check with your local Social Security office to ascertain the then current benefits of Medicare. Compare those benefits with those in your FEHB program and make your own decision.

The Civil Service Commission, while refraining from recommending what a person should do, does offer certain suggestions based on its considerable experience. The Commission suggests:

- 1. That a retirce may wish to continue his FEHB even if fully insured under Social Security because most plans under FEHB cover certain expenses not paid by Medicare. Many plans, for example, will pay hospitalization costs for more than 90 days covered by Medicare.
- 2. That a retiree carrying a high option under FEHB may wish to convert to low option. This could save several dollars a month and still provide for benefits not in Medicare. After age 65, changing options can be done at any time in the same plan, but changing to another plan can be done only at times shown in the table which follows. You should remember that the Association Benefit Plan has only the high option. Also, once you cancel your FEHB plan, you cannot reenroll in the same or another plan.

PART II

MEDICAID AND PRIVATE POLICIES

Medicaid is an umbrella for medical programs of the various states. Since these programs vary from state to state it behooves a retiree to become knowledgeable of the program of the state in which he will reside. Similarly, private policies are so varied that it is a responsibility of the retiree to relate his own private plan (if he has one) to his FEHB program, Medicare and Medicaid.

PART III

MEDICAL BENEFITS FOR MILITARY RETIREES

Most officers and enlisted personnel in the reserves or regulars are aware of the medical facilities available to them when they begin to draw retired pay. Those who are not should contact their parent service in the Pentagon before retiring. There they can learn how to use military base facilities and how to use CHAMPUS, the program that permits the use of civilian doctors and hospitals, with the retiree paying the first 25% of costs.

The military retirce should remember that at age 65 he must move to Medicare and give up military medical privileges if qualified for Social Security. This means that when he becomes eligible for military retired pay he should consider retaining his policy under FEHB to help with medical costs when he enters Medicare, unless he feels he has a satisfactory substitute. Some people have dropped their FEHB plan when becoming eligible to use military facilities, and then enrolled in private supplementary plans such as those available from the Reserve Officers Association. To do this is an individual decision and should only be made when it is advantageous to a personal situation.

Military Retirement Activities in the Pentagon may be contacted for information as follows:

Army	OX	3-7692
Navy	OX	4-2745
Air Force	ΟX	7-9395
Marines	$\alpha \mathbf{x}$	4.2451

OPPORTUNITIES TO CHANGE ENROLLMENT (Applicable to Annuitants and Survivor Annuitants)

You may voluntarily cancel your enrollment, or change from Self and Family to Self Only, at any time. However, your cancellation or change to Self Only will not become effective until after you notify your retirement system in writing that you want to cancel or change to Self Only. Once you cancel your enrollment, it cannot be reinstated, and you cannot later enroll in another plan. You may make other changes in your enrollment only on specified occasions and within certain time limits, as stated in the following table.

To make any of these changes, write to your retirement system stating exactly the change you wish to make, the event which permits the change, and the date on which that event occurred.

Events Which Permit Change	From Self Only to Family	From One Plan or Option to Another	Time Limit in Which Election to Change Must Be Filed Wtih Your Retirement System
Open Season.	Yes	Yes	November 15-30 each year.
Move from an area served by a com- prehensive medical plan in which en- rolled at time of move.	Yes	Yes	Any time after move.
Change in marital status.	Yes	Yes	From 31 days before to 60 days after change in marital status.
Other change in family status.	Yes	No	Within 60 days after change in family status.
Termination of enrollment by employee organization plan because of termination of membership in organization.	No	Yes	Within 31 days after termi- nation of enrollment in plan.
Termination (under this program) of plan in which enrolled.	Yes	Yes	As set by the Civil Service Commission.
Self Only enrollment of spouse covered as an employee under this program terminates as a result of change in spouse's Federal employment status.	Yes	No	Within 31 days after spouse's enrollment is terminated.
Separation from active military service which was not limited to 30 days or less.	Yes	Yes	Within 31 days after separation from service.
Attainment of age 65. (Eligible for the Social Security Medicare Program.)	No	From high to low option in the same plan.	Anytime after 65th birth- day.

NOTE: If a member of your family covered under your Self and Family enrollment is also an annuitant, or is a Federal employee, and loses coverage under your enrollment for any reason other than by your cancellation, he (or she) may be eligible to enroll in a health benefits plan. In the event of such loss of coverage, the annuitant should write to his retirement system for information.

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